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ABSTRACT

This book is designed to help nutrition educators communicate with an increasingly diverse clientele on issues related to food and nutrition, presenting strategies and ideas that can be used with families from various cultural backgrounds. Chapter 1 addresses the changing cultural demographics in the United States and the relationship between culture and food. Chapter 2 focuses on techniques for using food stories and recipes to open dialogues about nutrition. Chapter 3 examines changing food patterns among immigrants and cultural groups, while Chapter 4 discusses food availability, family traditions, status foods, traditional preparation, seasonings, frequency of consumption, health beliefs, traditional celebrations, and economics. Chapter 5 focuses on communicating with clients from different cultural groups, stressing the need to listen and observe, combine nutrition with social events, reach the right family members, and acknowledge the importance of the age and experience of family members. Chapter 6 presents strategies for working within community groups, while Chapter 7 addresses the challenges of working in a multilingual environment. Chapter 8 provides practical advice for finding out what clients are eating, sharing important nutrition messages with them, and using resources available in the community. (Contains a list of 23 resource materials. (MDM)

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Celebrating Diversity

Approaching Families Through Their Food

Prepared for the

USDA/DHHS Nutrition Education Committee
for Maternal and Child Nutrition Publications

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and
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CONTENTS

Preface iv

Acknowledgments v

Evaluation Form vii

How to Use This Book viii

Chapter 1: Introduction 1

Chapter 2: Opening the Dialogue—Using Food to Create Common Ground 7

Chapter 3: Changing Food Patterns 13

Chapter 4: Food Choices and How We Make Them 19

Chapter 5: Communicating with Clients and Families 31

Chapter 6: Working Within the Community 43

Chapter 7: A Special Challenge—The Multilingual Environment 51

Chapter 8: Putting It into Practice 57

Resource List 69

Preface

Communicating nutrition education messages to people from a variety of cultural backgrounds can be a challenging and rewarding experience. The challenge is magnified by the rapid changes in the racial and ethnic composition of the U.S. population. Nutrition educators must learn to appreciate the importance of food within different cultures and cultural influences on the food choices people make. Then they need to develop strategies for working within a community and communicating effectively with community members.

To help nutrition educators meet the challenge successfully, this guide presents information and ideas gathered from many sources. We reviewed printed resource materials, talked with nutrition educators around the United States, and received feedback from experts in the area. We held two focus groups—one comprising nutrition professionals (those with a formal degree in nutrition) and the other comprising paraprofessionals, peer educators, Expanded Food and Nutrition Education Program (EFNEP) workers, and others. The focus groups included participants representing more than 10 different cultures.

In addition, we sent surveys to and held telephone interviews with more than 30 providers, including Head Start nutritionists, Special Supplemental Food Program for Women, Infants and Children (WIC) nutritionists and paraprofessionals, Indian Health Service nutritionists, and nutritionists from other programs serving culturally diverse populations. Survey respondents gave suggestions for learning about new cultural groups in a community, training staff to work with these groups, providing nutrition or health education messages in new ways, helping families learn about and adjust to the American culture, and making families feel comfortable in a new setting. A panel of experts reviewed the document at several stages and provided practical suggestions for approaching families through their food.

In *Celebrating Diversity: Approaching Families Through Their Food*, we present ideas and suggestions—not to answer every question you may have, but to inspire some creative thinking about ways to celebrate diversity and to communicate about food. The process of becoming a better nutrition educator may not be easy, but it will be well worth your efforts.

Acknowledgments

In recognition of the rapid changes occurring in the racial and ethnic makeup of the U.S. population, preparation of this guide was arranged by the U.S. Department of Agriculture (USDA)/U.S. Department of Health and Human Services (DHHS) Nutrition Education Committee for Maternal and Child Nutrition Publications. The committee was established in November 1980 by the Assistant Secretary for Health, DHHS, and the Assistant Secretary for Food and Consumer Services, USDA. This committee works to avoid duplication of efforts, ensure consistency of content, and make more effective use of resources. It serves as a mechanism for agencies within the USDA and DHHS to report on their plans and progress related to efforts in maternal and child nutrition education. This committee has increased agency collaboration on joint projects, improved the dissemination of information in the area of nutrition education, and stimulated cooperation in areas beyond nutrition education.

The guidance of Brenda Lisi, USDA, and Denise Sofka, DHHS—the lead representatives from the two departments—was instrumental in the preparation of this publication. The advice and support of the other committee members throughout the project was also greatly appreciated. At USDA, thanks go to Carole Davis and Myrtle Hogbin, Human Nutrition Information Service; Doris Dvorscak, Food and Nutrition Service; Sandy Facinoli and Natalie Partridge, Food and Nutrition Information Center; and Elizabeth Tuckermanty and Wells Willis, Extension Service. At DHHS, thanks go to Robin Brocato, Head Start Bureau; Nancy Gaston, National Institutes of Health; Ann Prendergast, Maternal and Child Health Bureau; Carole Schiffman, Food and Drug Administration; and Karen Strauss, Indian Health Service.

Heartfelt thanks are expressed to Norge Jerome and Mary Lewis, consultants for this project, and to Linda Smith, focus group moderator, for their insight and expertise. Their vision and creativity helped shape this document from the very beginning. Gratitude is also expressed to Janice Hamilton and her staff at JMH Communications, Inc., for their major contribution to the document's style, organization, and readability.

Appreciation is expressed to those who provided input and feedback during the development of this document. Many people responded to surveys, provided names of contact people working in this field, participated in telephone interviews and focus groups, provided interesting quotes and stories from their own experiences, or reviewed drafts. These include Kay Ach, Wanda Agnew, Jean Anliker, Regine Beakes, Tracy Beidleman, Felicita Bernier, Roni Roth Beshears, Lorine Bizzell, Joyce Borgmeyer, Bonnie Bradley, Katherine M. Brieger, Yvonne Bronner, Charles E. Cain, Mariel Caldwell, Nadia Campbell, Russ Circo, James O. Cleveland, Jeanie Cochrane, Judy Cochrane, Claude Marie Colimon, Lorna Concepción, Catherine Cowell, Anita Cruz, Kathy Davis, Maria deColón, Ofelia Dirige, Beverly Donehoo, Goulda Downer, Beverly Emamali, Connie Freeman, Mo Gaines, Yolanda García, Carolyn Gleason, Elaine Goodson, Cheryl Gordon, Louise Hankins, Beverley Headley-Ayotunde, Wanda Inyang, Jean Johnson, Anna Kanianthra, Sowatha Kong-Chea, Benita L. Law-Diao, Nelly T. Loo, Connie Lotz, Liliane Luarent, María Elena Martinez, Georgia McCarthy, Yvonne McKnight, Sandra Meneses, Taraneh Milani, Beverly Miller, Darlene Mizumoto, Joy Ngo, Phung Nguyn, Jean Collins Norris, Robyn Osborn, Lilia Parekh, Victoria Parrill, Ling C. Patty, Barbara Pinckney, Anna Quila, Sondra Ralph, Amelie G. Ramirez, Ronald Rhodes, Candida Rodriguez, Bounsou Sananikone, Irene Sanchez, Nia Seale, Jeanne Silberstein, Suganya Sockalingam, Rosa Solorzano, Joanne F. Stahl, Patti Stefanelli, Karen Stewart, Marilyn Thomas, Maria F. Tiangha, Zulma Vargas, Frances Vines, Grace Wang, Paulette Weir, Connie Welch, Gwynn West, Linda White, Sue Wilson, Judith Makimoto Woo, Sharon Yitalo, and Elenora Zephier.

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Evaluation Form

Please help us improve future publications. Please copy this form, take a few minutes to share your comments about *Celebrating Diversity*, and return the form to the address given below.

1. What is your occupation?

   ❍ Nutritionist
   ❍ Registered Dietitian
   ❍ Health Educator
   ❍ Peer Counselor
   ❍ Nurse
   ❍ Other (specify) _____
   ❍ Teacher
   ❍ Aide

2. What type of agency or facility do you work in?

   ❍ Community Health Center
   ❍ National MCH Organization
   ❍ State Health Department
   ❍ College or University
   ❍ Other (specify) _____
   ❍ Public Health Clinic
   ❍ Health Coalition
   ❍ Child Care Facility
   ❍ Head Start Center
   ❍ Hospital
   ❍ WIC Clinic

3. Do you find this book useful? ❍ Yes ❍ No

4. How do you plan to use this book? (Check all that apply.)

   ❍ Recommend to colleagues
   ❍ Train staff or students
   ❍ Use the information in my work setting
   ❍ Develop an action plan for my organization
   ❍ Other (specify) _____

5. What is the most helpful part of this book? _____

6. What would make it more helpful? _____

7. Additional comments: _____

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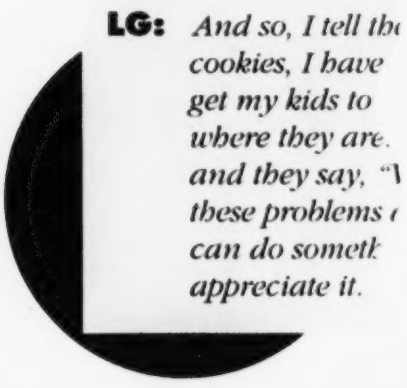
How to Use This Book

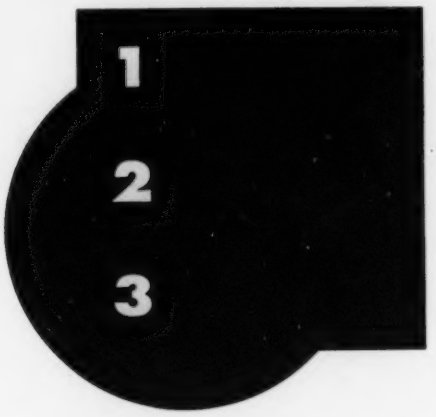
You may wish to use the entire book as a guide for learning to communicate effectively with a diverse clientele. Or depending on your needs, you may wish to turn to an individual chapter for more information on a specific topic. For example, look in chapter 3 for information about the process of acculturation and changes in food patterns, or in chapter 5 for help with communication skills in a multicultural environment.

Information and ideas gathered from a diverse group of nutrition educators are presented in several different ways:



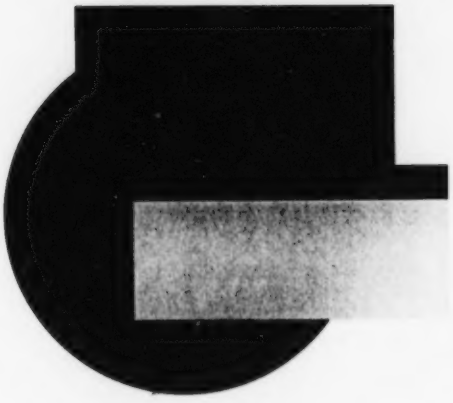
Quotes

Look for text in italics to identify quotes from stories told by the nutrition educators. These quotes illustrate a communications technique that is used in many cultures—stories and personal experiences are shared to convey information and wisdom indirectly. They illustrate points and spark new ideas on approaching nutrition education for families from many backgrounds. Real people talk about their real experiences. Chances are, you'll find these experiences to be very familiar. (With these quotes, the initials of the educator have been changed to preserve confidentiality.)



Ideas

Look for boxes with numbers in them to find examples of simple actions designed to serve as "communication starters" in your educational environment. These ideas are also quotes from the nutrition educators; in some instances, minor changes were made for clarity.



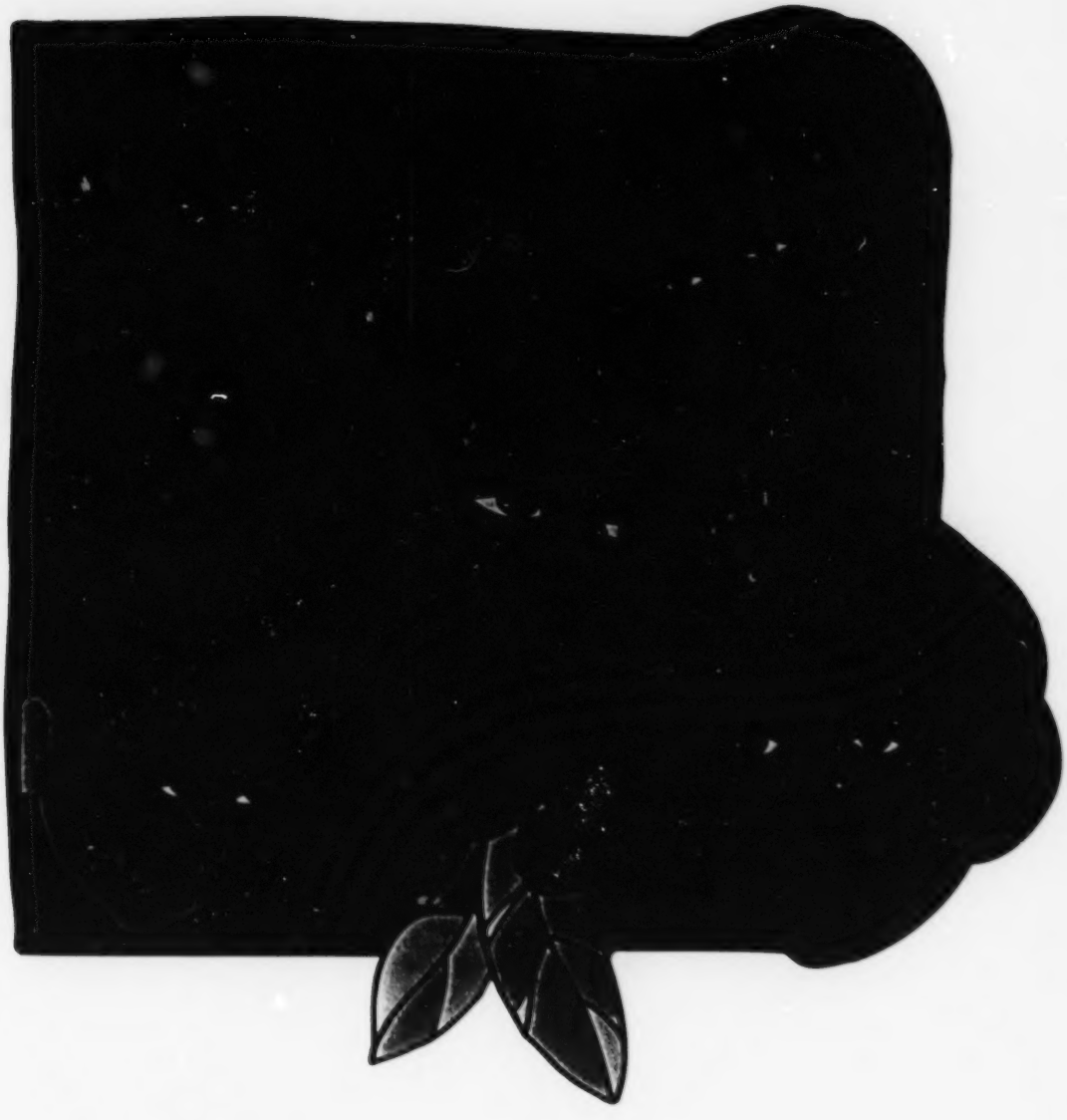
Boxes and figures

Look for shaded boxes and figures to find summaries of key information and important points.

Strategies in action

Look for shaded figures with a box along their side to see actual case studies of nutrition communication at work. They give specific examples of Situations, Strategies, Actions, and Results as they've worked in real settings.

Use the resource list in the appendix to identify materials used in preparing this book; additional materials dealing with communication, counseling, and nutrition for culturally diverse clients; and bibliographies and catalogs.



The face of our nation is changing.

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Chapter 1

Introduction

Communicating About Food in Today's Diverse World

Have you ever needed to communicate ideas about food and nutrition to a family with a culture very different from your own? Do you find yourself teaching people from an assortment of backgrounds—people who have important, lasting ties to their own cultures? Are you called upon to provide guidance to people who have recently joined the community, for whom everything—language, living accommodations, economic status—is new and different?

Nutrition educators face challenges like these more and more every day. That's why *Celebrating Diversity* was created. In a multicultural world, opportunities abound for knowledge to be shared among educators, families, and communities. This begins with understanding the many ways in which seemingly different cultures are alike, including foods eaten, occasions celebrated, and traditions followed. It also involves fostering respect for the great variety in cultures and developing an appreciation for what makes people different. Above all, it means *celebrating* diversity—in nutrition, as in so many other aspects of life.

The information contained in this guide will help you build communication skills and work within your community. You'll find hands-on, practical advice and real-life solutions. You'll discover how the culture of the United States is changing, and how nutrition educators can take part in the exciting challenge to celebrate diversity.

Our Nation's Changing Culture

There's no doubt about it—the face of our nation is changing. The population of the United States is diverse, and this racial and ethnic diversity is growing rapidly. In fact, according to the 1990 census, almost *one in four* Americans has African, Asian, Hispanic, or American Indian ancestry. That figure is projected to rise to almost *one in three* by the year 2020 and almost *one in two* by the year 2050.

Within each of these broad ethnic groups, there are people of many different backgrounds and cultures. For example, there are 530 federally recognized American Indian and Alaska Native nations, and that doesn't include the scores of other American Indian nations that are *not* recognized. The 1990 census lists over 60 European, Asian, African, North American, Caribbean, Central American, and South American countries of origin for immigrants (see figure 1.1). The number continues to grow.

The growth of culturally distinct groups in the United States has two main origins: a higher birth rate for many ethnic groups and an increase in immigration, including the entry of refugees as well as undocumented persons.

Our Challenges as Nutrition Educators

Understanding the meaning of "culture"

What is "culture," and how does it affect nutrition educators and the job we do? Culture includes many aspects of our lives—the language we speak, our values, the way we dress, the music we like, the way we interact, and the food we eat. As communicators, we see the effects of culture in very specific ways. As nutrition educators, we need to recognize how our own culture affects our actions.

Figure 1.1

Countries of Origin of U.S. Immigrants Documented in the 1990 Census

EUROPE[1]

Czechoslovakia
France
Germany
Greece
Hungary
Ireland
Italy
Netherlands
Poland
Portugal
Romania
Russia
Spain
Sweden
Switzerland
United Kingdom
Yugoslavia

ASIA[1]

Afghanistan
Cambodia
China: Mainland
Taiwan
Hong Kong
India
Iran
Iraq
Israel
Japan
Jordan
Korea
Laos
Lebanon
Pakistan
Philippines
Syria
Thailand
Turkey
Vietnam

NORTH AMERICA[1]

Canada
Mexico
Caribbean
- Barbados
- Cuba
- Dominican Republic
- Haiti
- Jamaica
- Trinidad and Tobago

SOUTH AMERICA[1]

Argentina
Brazil
Chile
Colombia
Ecuador
Guyana
Peru
Venezuela

CENTRAL AMERICA[1]

Costa Rica
El Salvador
Guatemala
Honduras
Nicaragua
Panama

AFRICA[1]

Egypt
Nigeria
South Africa

AUSTRALIA

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[1] Includes countries not listed separately.

Sources: U.S. Department of Commerce, Bureau of the Census. (1992). *1990 Census of population: General population characteristics—United States*. Washington, DC: U.S. Government Printing Office.

Day, J. C. (1993). Population projections of the United States by age, sex, race, and Hispanic origin: 1993 to 2050 (U.S. Bureau of the Census, *Current Population Reports* P25–1104). Washington, DC: U.S. Government Printing Office.

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Working with a culturally diverse population

As a part of living in the United States, most of us interact with people from a variety of cultures every day. When new people move into our community or we move to another part of the country, we inevitably meet people of different cultural backgrounds. Differences in language or dialect are an obvious barrier to effective communication. We may also encounter differences in family structure, values, and interaction style. To be successful educators, we must learn to work within other value systems.

Understanding relationships between culture and food

Specific foods mean different things in different cultures, but most cultural groups use food for similar purposes. People from virtually all cultures use food during celebrations. Many cultural groups use foods as medicine or to promote health. Nutrition educators must recognize the strong preferences that people have for the foods they eat and their special uses of food.

Managing time in nutrition education

Time presents a challenge for both educator and client. When people are of different cultures, it takes time for trust to develop between them. The nutrition educator may need to spend extra time becoming familiar with the client's culture. A newly arrived immigrant family needs time to learn new ways. Language barriers slow communication, and different views of time occasionally cause misunderstandings between educator and client. The challenge for nutrition educators is to make the best and most effective use of time for all involved.

Approach to Nutrition Education

Communication works best when nutrition educators focus on each family's background and present situation—without making assumptions. To do this, nutrition educators should first learn about their client as an individual and about the client's family and culture as a whole. Second, educators should place the food habits of the individual or the family within a cultural context. Third, educators should consider how the family's eating patterns are likely to change in a new environment.

Because of the importance of each step in this process, *Celebrating Diversity* does not rely on food lists for different cultural groups. Food lists tend to downplay regional differences and the importance of cultural differences within groups.

KR: *The population that I serve in the clinic is primarily African American. There are Hispanic clients also, and there are cultural differences there. But even within the African American community, attitudes about food are diverse.*

Lists can promote stereotypes, too. For example, a food list masks the wide variety of foods that people eat and does not show differences in methods of preparation. Food lists may give the impression that nutrition educators can learn everything they need to know about a person's food habits from looking at a chart. (However, if you do wish to use a food list as a starting point or to fill in some gaps, see the resource list in the appendix for sources of this type of information.)

As you proceed . . .

Today, there are many creative ways for nutrition educators to consider cultural diversity in their nutrition education activities. Traditional foods of all cultural groups in the United States are becoming more widely available and accessible to much of the population. By using this book as a guide, educators will learn strategies and gain inspiration for celebrating diversity in food as well as in cultures—and work more effectively in today's diverse community.

For many people, thoughts about food are connected with family, celebration, and caring.

Chapter 2

Opening the Dialogue—Using Food to Create Common Ground

Communication works best with familiar topics. For nutrition educators, food provides a terrific opportunity to open up a dialogue with a client. After all, *everybody* eats!

Even when educators and clients have very different eating habits, sharing food experiences can help create common ground. Telling stories about a favorite food or how food is used opens the dialogue between provider and client. Most people enjoy letting an interested listener know about their background and culture. And you can go one step further. Preparing food together—and sharing the results—goes a long way in bridging gaps and developing good relationships.

Here are some techniques and ideas that were shared by nutrition educators for using food to create common ground.

Ask About Food Experiences

Everyone has memories related to food. For many people, these memories are connected with family, celebration, and caring.

Using Food to Create Common Ground

Ask about food experiences, including foods used for celebrations and other special occasions.

Ask questions with an open mind. Keep your sense of humor.

Tell your own food stories.

Find out what foods are used as medicine or to promote health.

Ask about favorite foods, meals, or recipes.

DS: *She [was] waiting for me in the car [with] a thermos of fresh lemonade, not from a mix, but freshly prepared the way she did. And cookies—homemade cookies. I remember thinking, you know, I must be someone very special for my grandmother to do that for me.*

BR: *Every summer we visited my grandparents to help with the corn harvest. In the evening, my grandfather would build an open fire and show us how to roast the ears of corn and tell us tales about corn. I still remember that smell of roasting corn.*

SL: *Even if we did not get a chance to cook throughout the week, on Sundays a meal was prepared, and we sat down at the formal dining room table and had that meal together—to share that time together for a couple of hours.*

Can you imagine a family celebration that doesn't involve food? Asking clients about special occasions helps you learn how foods are used in their culture and also how their religious beliefs may affect their eating habits.

RM: *When my family celebrates Passover, we eat matzoh. This is because when Moses led the Jews out of Egypt so quickly, there was no time for the bread to rise. Only unleavened bread can be eaten during the eight days of Passover.*

Other memories of food may not be pleasant, but they still provide an opening to talk about food.

LG: *My mother, again when I was growing up, if she gave medicine, she always followed it with orange juice. So, whenever I try to [drink] orange juice, it kind of gets stuck. So I cannot drink orange juice.*

Ask Questions with an Open Mind

Always remember to ask questions with an open mind—and keep your sense of humor! Listen carefully to answers, and don't be

judgmental. You might learn about foods you personally find distasteful (e.g., snakes, lizards, or turtle eggs) or foods you have never even heard of (e.g., pitaya juice). It's all part of the mutual learning process. You may even discover some unfamiliar combinations of familiar foods.

EB: *My mother always served mashed potatoes with sauerkraut on top whenever she had pork chops.*

Tell Your Own Food Stories

Food is very personal. Who likes to be told that what they eat isn't good for them? So when you ask about food, clients may tell you only what they think you want to hear. Those who are more shy may hesitate to open up. If you share with them that you yourself do not always make "perfect" choices, they may be more candid. This sharing helps establish trust, and your clients will realize that you understand their struggles and experiences. Two nutritionists put it this way:

TR: *They think, well, she likes chocolate, too. She is human.*

LG: *And so, I tell them . . . "if I have oatmeal raisin cookies, I have to take three out [for myself] and get my kids to hide [the rest] so I do not know where they are." They [the clients] really identify and they say, "Well, okay. You know, if you have these problems and I have my problems, maybe I can do something about it." So, I think they appreciate it.*

Find Out What Foods Are Used as Medicine or To Promote Health

Members of some cultural groups eat special foods or diets during menstruation, pregnancy, or lactation, and during illnesses such as colds or fevers. Ask about what your clients eat during these times in their lives. You may also discover health concerns about specific ingredients or preparation methods.

FB: *"Cool tea" made with herbs (served hot) has a medicinal effect in humid areas.*

HK: *Members of the Rastafari movement (originally from Jamaica, but now spread throughout Caribbean and other nations) practice* Ital *or natural cooking. Fruits and vegetables are eaten in their natural state without any artificial ingredients or chemicals added. Such additives are believed to be harmful. Salt is never added.*

Ask About Favorite Foods, Meals, or Recipes

You and your client can communicate through food even if you don't have common food experiences or like the same foods. Nutrition educators will probably encounter this situation with anyone outside their own family. Try beginning an instructional session by asking about the client's favorite foods. And remember, not everyone uses written recipes, so ask about ingredients and preparation techniques, too.

CR: *Usually I ask them, "What are your [child's] favorite foods?" I sort of initiate the diet history. . . . And before they go to see the nutritionist, I have already helped them with their recall. I find out what is important to them first, and then we can work from there.*

This give-and-take sets the stage for a mutual exchange of information and shows interest in and respect for what is important to your client. This approach involves your client in the education process instead of dictating to her. If you tell a mother that her child can no longer eat his favorite foods because they are "bad" for him, you risk making her angry, especially if she feels that you are criticizing the foods she offers to her child or her methods of food preparation. In this case, she might not hear anything else you have to say. Favorite foods can be included in any meal pattern, but suggest moderation if needed. Try to work *with* your client while educating.

The value of using food to create common ground cannot be overemphasized. This technique was recommended repeatedly by

Food as Common Ground

Situation: A 50-year-old nutritionist was asked to speak to a group of pregnant adolescents, most of whom were from an ethnic background different from her own. Having worked with pregnant women for a number of years, she felt comfortable with the assignment and the topic of nutrition during pregnancy. Thinking that these young women would be highly motivated to eat well because of the new life inside them, she was surprised to find them uncommunicative. No one would even look at her. She realized that the adolescents did not want to be there.

Strategy: The nutritionist decided to confront the situation. She thought that if she got the young women to start talking about food, she might be able to draw them out.

Action: The nutritionist told the adolescents that she understood that they didn't want to be there. Then she asked a simple question: "What food do you really like? Just tell me. Name one food." One girl finally asked the nutritionist if she would put these favorite foods in their diet plans. The nutritionist said she would try.

Result: The young women in the group knew that the nutritionist was on their side. Everyone started talking about food—the lines of communication had been opened.

Note: The nutritionist began by asking questions about favorite foods, but one girl's response indicated that she expected the nutritionist to give her a diet plan. Use communication about food to encourage involvement, active participation, and joint planning.

experienced nutrition educators around the country when they were asked about ways to communicate effectively about food. Effective communication also requires an appreciation of changing food patterns, as described in chapter 3.

Children adopt **new food** ways quickly.

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Chapter 3

Changing Food Patterns

Defining "Acculturation"

"Acculturation" is the process of adopting the beliefs, values, attitudes, and behaviors of a dominant, or mainstream, culture. Part of this process includes changing some traditional dietary patterns to be more like those of the dominant culture. Many factors influence acculturation (see box, next page).

Acculturation does not involve only immigrants. It is an ongoing process that affects anyone who moves from one community to another. As nutrition communicators, we must understand how acculturation affects the families we work with and how, in turn, nutritionists are affected by the process.

Changes Are Different for Everyone

Acculturation occurs differently for everyone. This means more than different rates among different families from the same cultural background; it means different rates among members of the same family as well.

Everyone has a different reason for coming to the United States or moving from one community to another. These reasons affect the process and rate of acculturation. For example, those seeking a higher education usually have more exposure to the mainstream culture. They tend to acculturate at a faster rate than those coming to do migrant farm work, who remain more closely tied to their native cultural groups.

Variations in age and exposure to new ideas affect the extent to which people adopt new practices or beliefs. The older generation may keep traditional cultural ways and maintain the traditional diet.

Factors That Influence Acculturation

History of cultural groups in the community
Length of time the individual or group has been in the community
Involvement of the individual with his ethnic group in the community
Ties with family
Family structure
Language
Employment
Education

Parents may make *some* changes (often with pressure from their children). Children may adopt new ways quickly as they learn from other children at school, despite family pressure to retain cultural traditions related to food.

Acculturation is often viewed as the extent to which a person has "mainstreamed" into the U.S. population. But don't make assumptions! Those who dress and speak like the "mainstream" may still follow traditional ways at home out of respect for their elders or because of their own ethnic pride. For example, they might continue to use foods in traditional combinations or as medicines.

Changing Dietary Patterns

Changes in dietary patterns—or "repatterning"—occur as a part of the larger acculturation process. People constantly reevaluate the foods in their diet and make changes by adding, substituting, or rejecting foods. Together, these changes result in repatterning of the diet, sometimes causing major changes in nutrient intake.

Addition of new foods

New foods are added to the diet for several reasons: status, health, economics, information, taste, or exposure. Eating "American" food

(foods such as hamburgers, hot dogs, and pizza) may represent status and make people feel that they are part of their new culture and the American way of life. Or people may add foods because they believe that they are healthy, based on new information that they've learned. Children may bring new foods home after they hear about them in school or from their friends. New foods are often added for economic reasons—they may be inexpensive and readily available.

TR: *Coming to this country [from Bolivia], the first year or first couple of years I gained so much weight because I could eat all the potato chips and corn chips [that I wanted]. I could have chocolate cakes. I was going nuts with how easy it was to eat this junk food because in my country, it is expensive.*

Substitution of foods

Sometimes traditional foods are replaced by new foods in a family's diet. This happens for a variety of reasons. Perhaps it's hard to find a traditional food in local food stores, and new foods or ingredients must be substituted. New foods may be more convenient, less expensive, or better liked. For example, after Mexicans come to the United States, many use *flour* tortillas or white bread instead of *corn* tortillas. One reason given is that flour tortillas and sandwiches are easier to pack in a lunch to take to work—cold corn tortillas can crack and leak. Substitutions such as these can lead to changes in nutrient intake (in this case, a lower calcium intake). In addition, a medium-sized flour tortilla made with white flour and added fat may contain up to four grams of fat, while a corn tortilla typically contains only about half a gram of fat. The use of luncheon meats and mayonnaise in sandwiches may increase fat intake as well.

Rejection of foods

Some people—especially children and adolescents—will give up traditional foods because eating these foods makes them feel different from their peers, and out of place. They want to become "Americans" and may resent parents or grandparents who are trying to force them to continue traditional ways of eating.

Changes are interrelated

Keep in mind that dietary changes—additions, substitutions, and rejections—do not happen independently of each other, and they are not always easy to predict. As people settle in a new community, they may increase or decrease the use of traditional foods. For example, meat may be eaten more frequently than it was in another country where it was very expensive. Families who once ate rice at every meal may eat it only once a day as they experiment with new staple foods.

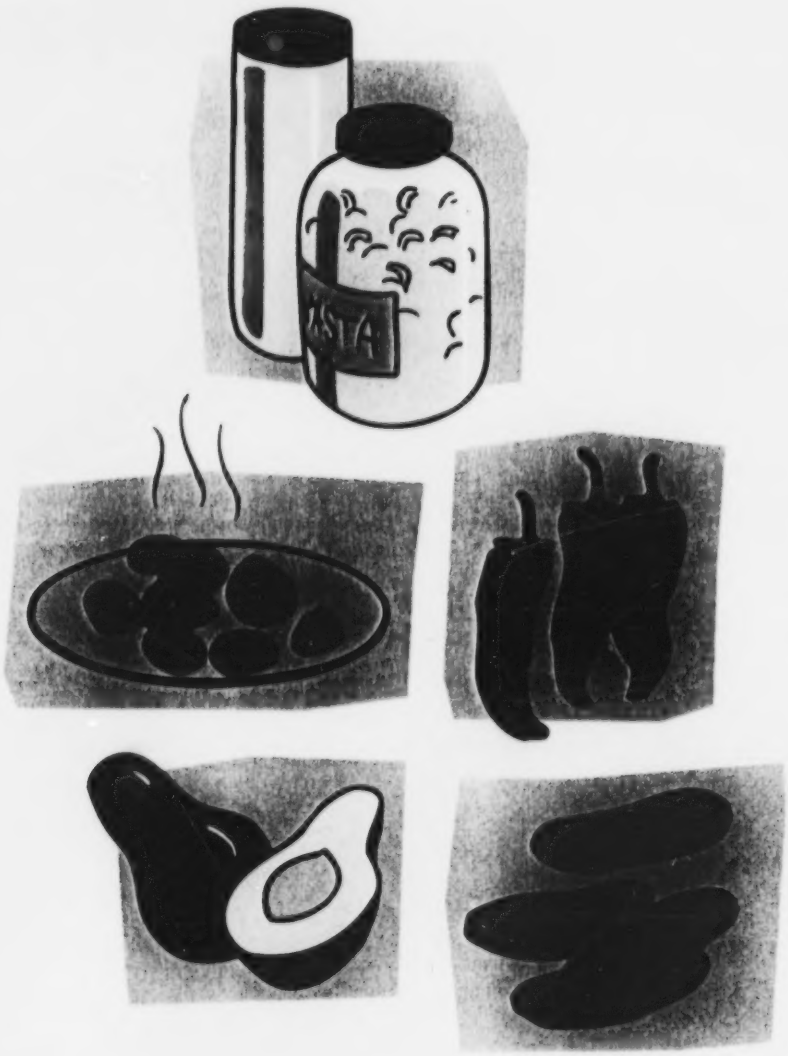
Change is almost always a two-way street. Whenever people from two or more cultures interact, they will influence each other. For example, when new members of the community adopt typical "American" foods, they also contribute some of their favorites to the American diet. Just consider the variety of ethnic restaurants that might be found on a single city block—and the growing ethnic sections of traditional American supermarkets.

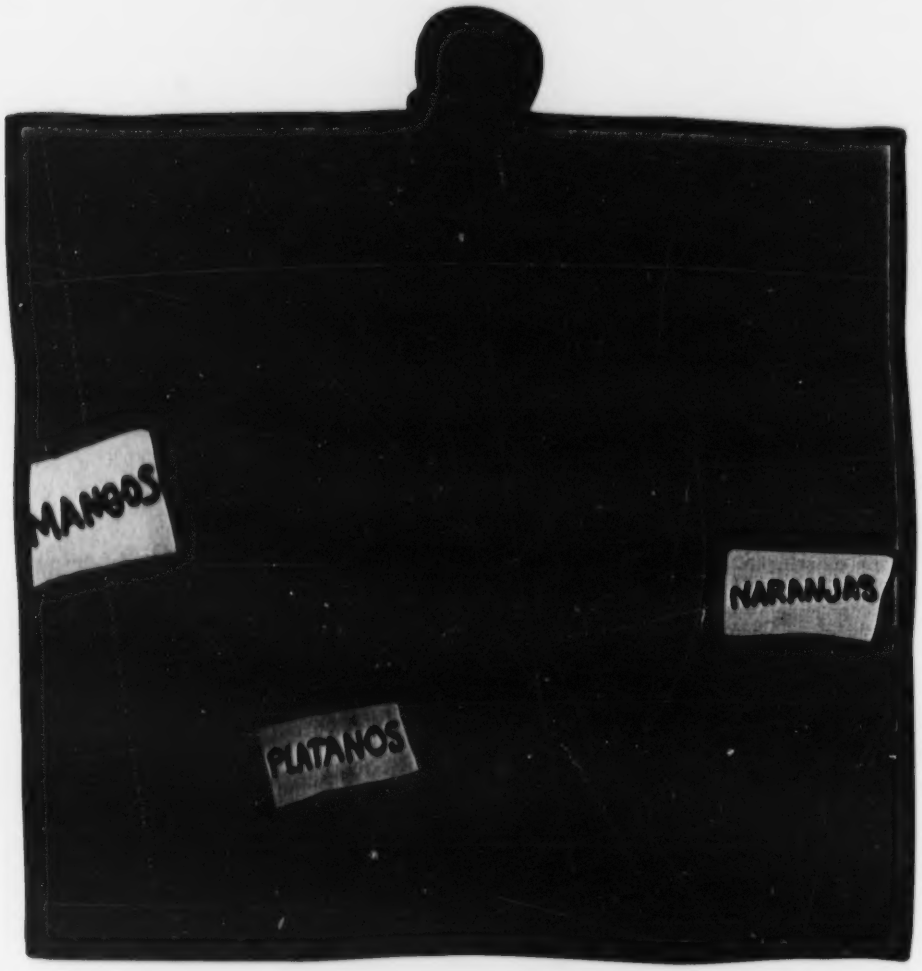
LJ: *When we tried to talk to the African American women at the clinic about soul food, they told us that although those foods are a part of their cultural heritage, those are not the only foods they eat. They said they eat Chinese food, Italian food, and Mexican food, too. The same thing has happened when we talked to other cultural groups about their traditional foods. They were very quick to point out that they enjoy many other kinds of food.*

Changes such as these also occur when people move between regions of this country, where very distinct patterns of eating can be found. For example, many people in the Midwest and the Northeast may insist on having meat and potatoes daily, and some families in the South think that breakfast is not complete without grits. As we move around within the country, we take some food patterns with us, adopt some new ones, and continually alter the cultural food mix.

MB: *I'm a northerner (from New York) who went to work in Alabama. I'll never forget my first introduction to purple hull peas. I was sure these were the beans from "Jack and the Beanstalk"!*

So you see, acculturation affects us all, and it affects our food habits. Even so, the dietary changes that occur when a family moves to a new community depend ultimately on the family's background and current circumstances. Chapter 4 describes the varying food choices that people make.





New immigrants may feel more comfortable shopping at ethnic markets.

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Chapter 4

Food Choices and How We Make Them

Now that we have explored the changing food patterns of everyday life, let's take a closer look at specific factors that affect the food choices we make every day. These factors apply no matter what our cultural background. Note that for new arrivals to a community, an even greater number of factors play a part in determining food choices (see box, next page).

Food Availability—Where to Find It

Today, "the marketplace" includes supermarkets, convenience stores, farmers' markets, sidewalk vendors, ethnic food markets, restaurants, fast food businesses, delis, commodity supplemental food program warehouses, and more. Many of these sources offer more ethnic foods than ever before. We are also exposed to food in other settings: at work, through vending machines, snack bars, or cafeterias; at out-of-home child care; at school, through the school breakfast and lunch programs; and even at home, through television and print advertisements, and videotapes. Food choices are everywhere. And the more available a food is, the easier it is to add it to our diets.

Cultural Eating Patterns and Family Traditions

Tradition plays a major part in the choices we make. Culture influences the role of certain foods in our diets, methods of food preparation, the use of foods (including celebration and comfort), and

For all

Availability
Cultural eating patterns and family traditions
Exposure to new foods and new methods of food preparation
Economics
Ability to get to the market
Living arrangements (including the presence of specific food preparation equipment)
Convenience of preparing food, and skill at preparation

For new arrivals to a community

Access to traditional and nontraditional foods and beverages
Length of time in the community
Time and skill required to prepare new dishes rather than traditional ones
Availability of low-cost ethnic restaurants or diners
Level of comfort shopping (ability to ask for items, drive to stores, etc.)
Ties with family or ethnic group in the new community

health beliefs related to food. Let's take a closer look at these factors as we examine the importance of cultural and family traditions in the food choices we make.

The differing roles of foods

Staple foods

All cultures have "staple" or "core" foods that form the foundation of their diet. A staple food is typically bland, relatively inexpensive, easy to prepare, and an important source of calories. As you work with different cultures, you'll find such staples as cereal grains (rice, wheat, millet, and corn); starchy tubers (potatoes, yams, taro, and cassava); or starchy vegetables (plantain or green bananas).

Staples are considered to be an indispensable part of the meal. For Southeast Asians, for example, rice is the staple food—the major part of each meal. In fact, a meal served without rice is considered a snack. For natives of East India and Pakistan, roti (Indian bread) is served at

every meal. In the United States, boiled potatoes are a staple for many New Englanders.

Nonstaple foods

Foods that are eaten less frequently are "peripheral" to the core, meaning that they are not a central focus of the diet. Foods that fall into this category have a weaker cultural meaning; they are based on individual preferences. Nonstaple foods are often grouped into protective foods and status foods.

Protective foods

Foods considered to be protective are generally rich in nutrients. They are used in various combinations, along with traditional spices, to prepare seasoned dishes that give flavor and ethnic identity to a meal or cuisine. Protective foods include a variety of vegetables, legumes, nuts, fish, eggs, meat, and certain grains.

Status foods

Status foods are those that are generally rare and expensive in a cultural group's place of origin. They are not a part of the typical daily diet. And just as cultures vary, status foods vary widely from group to group. Usually consumed on special occasions, they often require much time and many ingredients to prepare.

CS: *[In some countries], when large amounts of fat are used in the preparation of a staple food, it becomes a status food, or it will indicate the status of the family. In other words, the greasier the food is, the more important it becomes. For example, in the Haitian and Dominican cultures, the "shining rice and beans" (rice prepared with a lot of oil or pork fat) indicates the [good] financial status of the family. A rice that is prepared with little or no fat is called food that is fit for prisoners.*

Traditional preparation

Methods of food preparation—which may vary greatly or only a little, both within and between cultures—play a big role in influencing food choices. Consider dried beans, for example. Central Americans often prepare beans as a paste and eat them with tortillas. People from the Caribbean frequently fix beans as a stew or with rice and sofrita (onions, bell pepper, garlic, cilantro, oregano, and salt fried in oil). People of Chinese origin use beans extensively in desserts and cold drinks. And people from many cultures use beans in soups.

Similarly, vegetables are prepared in a variety of ways. Stir-frying is popular in Asian cultures, while many Hispanic cultures boil vegetables or use them in combination dishes. In some areas in the United States, vegetables are steamed and served slightly crisp, while in other regions they are cooked until very soft.

Rice is another example of a food that is prepared in many different ways. Three Southeast Asian women discuss preparation methods for rice, their staple food.

FH: *In Cambodia, they only [eat] soup rice for the morning breakfast.*

JE: *We in Laos, mostly we eat sweet rice. Sweet rice. No soup.*

IW: *My family lives in South Vietnam. We loved rice. [With rice] you can make many, many kinds of food, like noodle with rice, pepper with rice. Sometimes we cook like soup—plain rice and water. You can make many kinds, like beef, like pork. Whipped, plain rice.*

Traditional seasonings

The use of seasonings often distinguishes one culture's traditional food habits from another's. Seasonings vary from country to country and according to the weather and the time of year. In the tropics, fresh hot peppers are plentiful, and foods are highly spiced. In more moderate climates, fresh, flavorful herbs like cilantro are easily grown and commonly used.

Frequency of consumption

Even when people eat the same foods, the *frequency* of consumption can vary based on culture. For example, many Central and South Americans eat beans at every meal. But in Caribbean countries, rice and beans may be served as a special meal on Sundays—only rice is served during the week. And in the Midwest or the Northeast in the United States, people may eat baked beans mainly on Saturday night.

PN: *My husband is from Guatemala. And he ate black beans for breakfast, lunch, and dinner. He could fix black beans 14 different ways. He would not eat unless he ate black beans.*

The frequency of consumption may change over time, too. For example, while yogurt is a traditional food in the Middle East, only recently has it become widely accepted in this country. Americans of many ethnic backgrounds now eat it often. Some consider it a health food.

Lactose intolerance

In this country, it has been estimated that from 60 to 95 percent of adult African Americans, American Indians, Jews, Mexican Americans, and Asian Americans are lactose intolerant. For these people, eating lactose-containing foods such as milk products may cause cramps and diarrhea. Milk drinking by adults tends to be uncommon among these groups—even for those who do not have the condition. Most infants can tolerate lactose. Most children, adolescents, and adults can avoid symptoms by taking small servings and spacing them out throughout the day. Cheese and yogurt are often better tolerated than milk, but for severe cases of lactose intolerance, all milk products may be omitted from the diet.

Food and health beliefs

Food is often believed to promote health, cure disease, or have other medicinal qualities (see figure 4.1.) Health beliefs can have a great impact on food choices. For example, Asian and Southeast Asian

Figure 4.1

Examples of Medicinal Uses of Food

Culture	Food	Special preparation	Medicinal use[1]
Hispanic	Lemon juice	Added to water or hot tea	Thought to cure a cold
	Garlic	——	Used fresh as an antibiotic and topically on insect bites Thought to lower blood pressure
	Raw onions	Chopped with honey	Believed to be good for a cold or other respiratory infection
Vietnamese	Oregano tea	Served hot, with salt instead of sugar	Given for an upset stomach
	Rice porridge	——	Considered standard food for sick people
Taiwanese	"Tonic" herbs	Cooked slowly	Believed to increase blood circulation
Caribbean, Filipino	Chayote, papaya	——	Used as a treatment for hypertension
	Soup	Prepared with cow's feet and viandas	Believed to restore strength
	Porridge	Prepared with grated green plantain (peel included)	Believed to give strength
	Beet juice	——	Believed to cure anemia
Iranian	Liver, beets, pomegranate	——	Believed to increase blood
U.S.	Chicken soup	——	Believed to cure anything

Encourage clients to use folk remedies in conjunction with medical treatment of conditions that require it.

cultures, among others, feel that maintaining balance is very important to health. Among traditional Chinese people, health and disease are believed to relate to the balance between the *yin* and *yang* forces in the body. Diseases that are caused by yang forces may be treated with yin foods to restore balance.

In many Asian cultures, pregnancy is classified as a yang or "hot" condition, so a woman following traditional practices during this period will eat yin foods. These are typically low-calorie, low-protein foods. Following the birth of the baby, the mother enters again into the "cold" state with the loss of heat and blood at delivery. She may be given steamed rice (a neutral food) with heavily seasoned pork (yang), but not allowed to consume fresh fruits, most of which are yin foods. Hot tea may be allowed because it is thought to increase blood volume and heat and decrease diarrhea.

Other cultures have similar theories. The hot/cold theory in Puerto Rico follows the same basic principles as yin and yang, but the food groupings differ somewhat. For more information on health and nutrition beliefs of different cultures, see the resource list on page 69.

Culturally based attitudes

Culturally based attitudes about food, the proper uses of food, and other aspects of life can also affect the food choices people make.

MB: *A friend would not eat beans because he considered them poor people's food and he had them so much as a child.*

FB: *One thing to keep in mind when working with Chinese people is the frugality principle. Traditional Chinese people feel that overindulgence in food is a sin.*

Based on previous experience, people from different cultures may view weight very differently. If they have had experience with extreme poverty and insufficient food, the dangers of underweight in children may be all too familiar. They may view overweight as a sign of wealth and excess weight as healthy. Mentioning underweight, especially if talking about a child, may be seen as offensive. Be sure to find out the background of the person you are speaking with before you address weight issues.

TK: *I had this lady at my consulting office. And she had a really fat little girl. She was like two years old and she was very fat. So I find out that the father was giving Coke and*

potato chips to the girl every day. [I think] he thought a fat baby was a healthy baby. He wanted a healthy baby, didn't he? And who could fault him for that?

Attitudes about food can vary from region to region. This story by a nutritionist shows differing attitudes toward foods in different regions of this country.

MB: *In my family [when I was growing up in the Northeast], a "dinner" was meat, vegetable or salad, and potato or starch. [Now] when I feed my family a dinner of black-eyed peas, tomatoes, and cornbread, I feel I have not served my family a "good" meal. Yet my husband, who is from the South, is delighted with this wonderful menu. It fits the Dietary Guidelines and is culturally appropriate for the South, but it is not okay by my northeastern culture's standards.*

Traditional celebrations

All cultures celebrate with food, and they make their food choices accordingly. There may be special foods for any number of occasions, including religious holidays, national holidays, family get-togethers, or gatherings in honor of individuals' accomplishments.

Consider the following examples. People from the Caribbean Islands often eat roasted pork for celebrations, while Central Americans often choose turkey. Among Filipinos, noodles are served at birthday parties and other functions to symbolize long life. And in the southern United States, eating black-eyed peas on New Year's Day is said to bring good luck for the year. A woman from Bolivia describes celebrating with food:

TR: *Now we are celebrating Holy Week in my country. I think it is on Thursdays that my Mom used to cook 12 dishes that day. So I was always looking forward to that day.*

Within cultures, individual families may have their own traditions at times of celebration:

LK: *With my mother during New Year's, she always made what we call buñuelos. So, I try to make them every year.*

RP: *My family experience is with Thanksgiving. My most favorite [meal], and I look forward to it now because it is more of a delicacy now than a usual meal. It is pigs' feet and chitlins. Once a year I . . . eat those, and that is the way I like it.*

CR: *That was Sundays. If my father fixed it [breakfast], it was grits with sardines and things like that.*

Foods that nurture

Many cultures associate food with nurturing children and families. Sharing available food with the extended family is a common way to show caring by putting the family first. In the United States, milk and cookies might be used to offer comfort. Traditional foods can be reassuring in a variety of circumstances.

VG: *Thirty years ago when I came to this country [from India], when I missed my Mom, I cooked a pot of rice. So when I get real homesick, I still do it, I cook that rice.*

DS: *After I got older, and some of my brothers and sisters were away at college, my mother continued to get up every morning and fix me a huge breakfast.*

Economics

Economic considerations often have a major impact on food choices. In the United States, economic status may vary according to level of education, ability to speak English, job skills, and employment opportunities in the community.

To better understand how economics affects your clients' food choices, consider each family's background and present situation. For example, immigrants may have different resources than they did in their

homeland. Their situation depends partly on whether they are joining a family or group that is already established. People who were doing well in their homeland may suddenly find themselves in need of assistance (e.g., food stamps). Or they may find that foods that were rare and expensive in their homeland are easier to get in the United States.

Affordability and availability are interdependent. Those who are new to the area may find an amazing number of foods available, but the cost of some of the foods can greatly reduce the actual number of choices. For your clients, there is often a sharp contrast between what they see on television or in the supermarket and what they can afford to buy.

Note: Here is the first of the ideas from nutrition educators that you'll find throughout this book.

1 **Extend purchasing power:** To make food purchases more economical, some community groups have formed buying clubs. Some have even evolved into co-ops. One church group arranged to bus people to a grocery discount chain to enable families to get more food for their money. To pass the time and make the 40-minute bus ride more enjoyable, nutrition education was provided to the families along the way.

Food Preparation—Convenience and Capability

Besides being able to purchase food, a family must be able to prepare it. The time needed for preparation plays a big role in food choices. With so many adults working away from home for most of the day, having the time to prepare foods becomes key. Choices are sometimes based on whether a family has the space and equipment needed to store and prepare the foods they are used to eating. For example, many households on American Indian and Alaska Native reservations do not have electricity or adequate storage capabilities (e.g., refrigeration). You may need to provide families with information about affordable, nutritious foods that are compatible with their food preferences and storage capabilities, and are easy to prepare.

Introducing New Foods

Situation: A fourth-grade teacher of a multicultural class realized that his students could learn a lot from each other. Many of the students brought traditional cultural foods for lunch, and he noticed several of them looking inquisitively at other students' lunches.

Strategy: The teacher decided to take advantage of the diversity within his classroom to introduce his students to new foods. He felt that if the students were exposed to new foods, they would be more likely to choose them in the future.

Action: He began by telling his class that they were going to have a feast. Using an idea from the old story about "stone soup," in which peasants from a village all contribute ingredients needed to make the soup, he asked the children to bring in food to share with each other. He offered to bring stuffed cabbage, a favorite recipe of his Greek grandfather. But, he said, it would not be a feast if they had only one dish. He said, "If only we had some rice and a vegetable, then it would be a feast." He asked the children to check with their parents about bringing a favorite family food and suggested other alternatives (e.g., helping to make festive decorations) for children who were unable to bring in food.

Result: The children enjoyed trying new foods and sharing stories about some of their families' favorite dishes.

Note: Teachers should be sensitive to the fact that some children would not be able to bring in food to share with a class because of economic or other family reasons. These children should be included in this type of activity in some other way.

Cultural eating patterns, economics, and practical issues related to obtaining and preparing food each affect the food choices people make every day. That's why it's important to communicate with your clients and learn the reasons for their food choices. Developing good communication skills helps you gather the information and resources you need to be a better educator.

Children are one good way to get nutrition information to parents. They can take home what they learn in school, in Head Start, or in a child care center.

Communicating with Clients and Families

Communication provides an opportunity for persons of different cultures to learn from each other. It is the key to your role as an educator. To keep the lines of communication open, you must build skills that enhance communication between cultures. These skills will help you overcome any real or perceived differences with your client or your client's family. Be open, honest, respectful, nonjudgmental, and—most of all—willing to listen and learn. Offer assistance in a way that maintains your client's dignity. (See figure 5.1 on pages 38–39 for a summary of keys to good communication.)

Listen and Observe

Listening and observation skills are essential. You'll find that you can break down barriers by listening to people and letting them know that you are interested in what they have to say. This is the single most important way to make people feel that their interactions with health professionals have been successful.

2 Rely on cultural experts: For cultural groups you will interact with frequently, have someone knowledgeable about the culture help you interpret people's actions. Sometimes, when we rely on our own point of view, we misinterpret

When you are faced with a family whose culture is initially unfamiliar to you, you can learn a lot just by being a good observer. Nonverbal communication is just as important as the spoken word. Facial expressions, gestures, body movements, and silence can all be perceived through the eyes of an observer, and they have meanings

that differ among cultures. Watch how each family member interacts with others in the family and cultural group. This may give you clues to appropriate behavior.

Know Your Audience

Do you have their attention? Do you know what they are interested in learning? Are they comfortable? Are they likely to be preoccupied with thoughts of other things going on in their lives? Sometimes silence is a form of respect to you, the communicator. Don't judge your audience based on your own notions of attentiveness. For example, many groups don't make eye contact, out of respect. Don't assume that you do not have their attention.

At the same time, you should also watch for signs that you need to change your approach.

3 **Be sensitive to feedback:** Look for cues that communication has shut down. Avoid overexplaining, and encourage a give-and-take discussion.

Think About Your Client's Comfort

Nutrition educators throughout the country emphasized the importance of helping clients feel comfortable, and they shared a wealth of ideas for doing so (see figure 5.2 on pages 40–41.)

Identify the "Teachable Moment"

Start where the person or family is. Let group members tell you what they need to know. If you get to know the individual or family, you can relate to them on their level, with something that's of interest to them. Avoid having a set agenda. Be prepared to take advantage of any

4 **Allow flexible agendas:** While we were trying to get everything together for an on-site celebration, I noticed the conversation among the mothers was centered on health issues, especially those concerning women—breast cancer, PMS (premenstrual syndrome), nutrition. I capitalized on the moment and during dessert had a group discussion centered around their expectations of the WIC program (Special Supplemental Food Program for Women, Infants and Children) and what topics they were interested in. I was also able to show a 15 minute video about women and nutrition, which led to a lively discussion.

5 **Use refreshment breaks:** For parenting classes, nutrition topics are a natural link for young families. Any meeting that requires a refreshment break has offered fantastic nutrition teaching moments by providing culinary treats that are healthy and tasty.

situation that offers you an opportunity to teach someone about nutrition. You will get farther if you address what your client wants or needs to learn.

Create Opportunities To Combine Nutrition with Social Events

Plan social occasions that allow people from different cultures to interact and share food experiences while providing you with an opportunity for nutrition education.

6 **Arrange for snack tasting:** Have tasting parties at the WIC, Head Start, or other site to give people a chance to try new or unfamiliar foods. Participants may be particularly receptive to new foods used as snacks, since using them in the daily food fare does not alter the main meals.

7 Help plan wellness parties: Have a wellness party based on the Tupperware model. Focus on healthful eating and involve a nutrition educator. Involve the men in the community if possible. Community members might be paid for giving the party.

Make Good Use of Limited Time

When time with a client is limited, don't expect to make drastic changes. It's better to find out what the person needs to know and address those issues. Confront barriers head on. This way, your client will walk away with positive feelings about the encounter with you, and will be more likely to listen to other suggestions you may make in the future.

8 Establish rapport: In many cultures, it is important to establish rapport with the person and then discuss business. The few extra minutes taken to do this may save many hours of work in the long run.

9 Focus and reinforce: Use simple, direct, and repeated messages. Teach one idea at a time for greatest impact and reinforce it later.

Family Interaction

You can use family interaction to strengthen nutrition education. Each family member tends to influence the foods and dishes eaten by others in the family. Look for ways to educate family members in addition to the client.

TR: *I was thinking about family interaction because I was trying to counsel the father of an obese child. . . . He told me that they could not do too many things because his mother-in-law was visiting them. And she was spoiling [the child] so much. He had trouble trying to tell her not to do this or that.*

Reach the right family members

Many times, clients want to check with their family before making decisions or agreeing to try something new.

10 **Identify the decision-maker:** Find out how your client makes decisions. It may be important to ask her: Do you need to discuss important decisions with other members of your family?

11 **Establish the chain of authority:** If two or more family members are present, find out to whom questions should be directed.

Many cultures, including Asians and Hispanics, see the oldest male as the head of the family. In African American families and in American Indian families, an elderly male or female may be the most respected. In such cases, you should try to include this person in any family nutrition discussions. Even though they might not be responsible for making food purchases or preparing food, their influence is important. In fact, encourage all interested family members to take part in counseling or education.

The roles of the husband, wife, and children in buying, preparing, and eating food are all different. Who does the food selection? In an extended family, who buys the food and who does the cooking? In more and more instances, young children are making food selections themselves, especially when they receive money to buy something for breakfast or after school.

12 **Send a message through the children:** Children may be an avenue for getting nutrition information to parents. They can take home what they learn in school or at Head Start.

13 **Involve the family shopper:** Find out who does the shopping for the family. Don't assume that it is the person who cooks the food. And don't assume it's the woman. It's your job to discover who plays what part in making family decisions.

Acknowledge the importance of the age and experience of family members

Older adults may be resistant to accepting changes in the family's diet, especially for young children. This will be important to keep in mind as the number of grandparents in the parenting role increases. A nutritionist tells the story of grandmothers who come in with their daughters and their grandchildren and challenge the advice of the nutritionist:

LG: *Well, she just gets right down on my case, and says, "How many kids do you have? I have raised 10 kids and all of them are big, healthy, and strong." And how can you tell her not to do this or that?*

Another nutritionist gave advice about avoiding this type of challenge by acknowledging the importance of the extended family.

SJ: *We need to validate people. We need to recognize them and give them importance to start with. And so I have learned that whenever we have grandmothers in our group, right away I identify them. I say, "Today, we are going to discuss beans, and Mrs. Brown, I am sure you have a good recipe to use." I put her as my teacher. If we [nutrition educators] can come as learner[s] to the group, that always makes [the family] feel good about themselves.*

A word of caution—be careful if you use this type of approach. You should know the person you are calling on well enough to be sure that asking her to speak out in a group setting would not embarrass her or make her feel uncomfortable. You should also have a pretty good idea about how she will answer the question. Be aware of the possibility that she may offer advice that is contradictory to the

nutrition message you are trying to get across, and plan how you would handle that situation.

Learning to communicate effectively with individuals and families is a very important part of nutrition education. It is also important to find out about the community in which they live, the places where they buy their food, and their sources of information. All of these things will have an effect on the kind of approach you should use for nutrition education and on the way your message will be received.

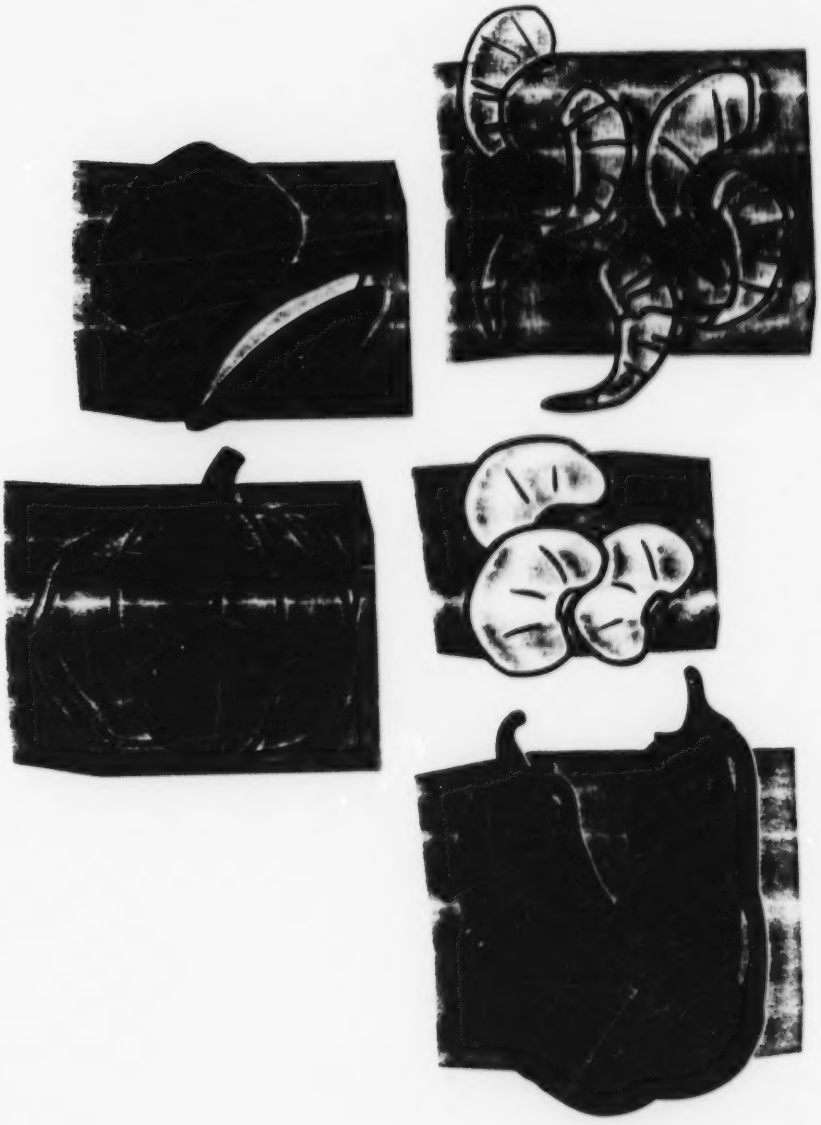

Figure 5.1

Keys to Good Communication

Respect personal space.

When you first sit down to speak with clients, ask them to sit where they feel the most comfortable or let them tell you where to sit. This will allow people to choose the distance that feels right to them. For example, Hispanics tend to feel comfortable at a closer distance than do American Indians or Asian Americans.

Learn the cultural rules about touching.

Find out the cultural rules regarding touch for the ethnic groups with whom you work—including differences based on gender. In some Asian cultures, the head should not be touched because it is the seat of wisdom. In many Hispanic cultures, the head of a child should be touched when you admire the child. A vigorous handshake may be considered a sign of aggression by American Indians.

Establish rapport.

Take time to establish common ground through sharing experiences and exchanging information.

Ask questions.

Do not be afraid to ask someone about something with which you are unfamiliar or uncomfortable. Nutrition educators suggest open-ended, honest questions that show an interest in the person, a respect for his culture, and a willingness to learn.

Listen to the answers.

Really listen. Do not interrupt your client or try to put words in her mouth. Let her tell her own story.

Appreciate and use silence.

Observe your client to get a feel for how he or she uses silence. Do not feel that silence has to be filled in with small talk. Give people a chance to formulate their thoughts, especially if they are trying to speak in a language that is not their native tongue. Cultures that value silence learn to distinguish varying qualities of silence, which may be hard for others to discern. "Pause time" is different for different cultures.

Notice eye contact.

Notice the kind of eye contact your client is making with family members or your coworkers. Many cultures consider it impolite to look directly at the person speaking. Lowered eyes or side glances may be seen as respectful, especially if the speaker is older or in a position of authority.

Pay attention to body movements.

Movements such as upturned palms of the hands, waving one's hand, and pointing with fingers or feet convey varying messages. Observe your clients for clues. Ask them to tell you what gestures should be avoided.

Note client responses.

Note that a "yes" response does not necessarily indicate that a client has understood or is willing to do what is being discussed. It may simply be an offering of respect for the health professional's status. American Indians, among others, may not ask questions because this would indicate a lack of clear communication by the provider. In some cultures, smiling and laughing may mask other emotions or prevent conflict.

Figure 5.2

How to Make People Comfortable in a New Setting

Express interest in people

Smile.

Be friendly, and show warmth and caring.

Show respect for each individual's culture.

Tell the family a bit about yourself.

Present yourself as an open-minded learner and potential partner.

Pay attention to children—this appeals to mothers of all cultures.

Learn what people of different cultures think are polite greetings and responses. Practice using them correctly.

Be genuinely interested or be businesslike. Otherwise, the artificiality shows through and establishes a barrier.

Ask the right questions

Ask the family to describe their culture, homeland, or customs.

Show concern by asking about the family, the living environment, the children.

Ask the family about themselves—their experience, their expertise.

Ask the family how they are adjusting to their life in the new community—the problems and the benefits.

Ask them to let you know if you do or say anything offensive—let them know you respect them.

Create a comfortable physical environment for adults

Have enough chairs that are comfortable and fit the clients.

Turn chairs away from the windows so clients do not have to look into the sun.

Try to provide adequate ventilation in the room.

Offer nutritious snacks, using food from different cultures.

Attend to the needs of children

Have small tables and chairs for children.

Try to have toys, games, or coloring books to keep children occupied—parents become embarrassed if their children get restless or rowdy.

Have an adult caregiver to attend to children in another area if possible.

Set the stage for effective counseling

Decorate bulletin boards and other common spaces to reflect different cultures or the culture of your client group.

Try to provide materials in the client's own language.

Include pictures.

Provide information about community resources.

If possible, set the stage for nutrition education in a place where people already feel comfortable.

Coordinate appointments to avoid unnecessary trips.

Don't try to educate clients after they have been through many hours of clinic services and waiting.

For individual counseling, provide privacy. In some cultures, talking about food can be very personal and private.

Sometimes it is more important for nutritionists
to be learners than teachers.

Working Within the Community

As a nutrition educator, you will be more successful if you work within the community rather than approaching it from the outside to offer your help. Getting to know the community, its people, and its resources will help you identify useful strategies for providing nutrition education. People may be more receptive to nutrition education messages received in a setting where they are comfortable and from people who are like them.

Defining "Community"

"Community" can be defined in several different ways. It can refer to the people who live within a geographic boundary. It can refer to those who are served by a certain agency or government. It can also refer to a group of people who have similar beliefs, a similar culture, or shared identity and experiences.

Learning About the Community

Once you have defined the community you will be serving, you should begin to develop a community profile. What is unique about the community? What are its resources, and what are its needs? How might you address them?

Here are suggestions on ways to gather this information.

Observe

If your community is located within geographic boundaries, walk or drive around to get an idea of its physical layout. Where do people gather? What types of stores are easily accessible? Which restaurants are popular? Where are service agencies such as WIC or Head Start located? What is being advertised in store windows and flyers? What language is used in the ads?

Ask questions

If you want to serve the community well, you must first find out what the people need. The best way to do this is to ask them. They may perceive their needs to be very different from the ones you might identify.

Tap community resources

People are your most important community resource. Identify community leaders to answer your questions about the community and to serve as spokespersons for your messages. These could be tribal leaders, elders, healers recognized by the community, or church leaders.

14 Seek out the leaders: Identify the natural communicators. Once identified as resource people, they are sought out by the community. Aim to reach leaders rather than just reaching for the lowest literacy level.

Check with the WIC clinic, Head Start, community center, and local churches that provide services to immigrant groups for information about the cultural groups in the community. Public libraries that provide programs for people for whom English is a second language can provide information about new groups in an area.

Learn about "community markers"

To get an idea of the degree of acculturation, visit "community markers" such as local restaurants, churches, supermarkets, secondhand stores, and "store front" operations.

15 **Locate ethnic food sources:** Find out where foods that are familiar to your clients may be purchased. You can speak with operators of ethnic restaurants in your community to find out where they buy familiar spices and seasonings.

16 **Go shopping:** Visit a local supermarket, paying particular attention to the produce section and the meat and fish coolers. Notice what items are placed as "specials" or lead items at the ends of the aisles. Of course, visit ethnic food markets.

Ethnic markets in the community suggest that people are still closely tied to the traditional foods of their culture.

Check out community groups

Informal community networks can provide valuable information about the community. These networks might include beauty parlors, lodges, block associations, senior citizens' groups, parents' groups associated with local schools or Head Start, women's clubs, and auxiliaries frequently linked with men's groups. Such groups may be quite influential at the grassroots level.

Attend functions

To get a feel for the community, attend functions such as church picnics, festivals, and socials; community dances; yard sales; street or craft fairs; flea markets; sports activities; and local business and club gatherings. Visit schools and places of entertainment. Be sure to have a positive attitude and show interest in what is happening.

Be alert for food-related concerns of immigrants

Find out what kind of information they want and where they are getting that information. Nutrition educators can address immigrants' food-related concerns in helpful ways (see figure 6.1, next page for some ideas).

Figure 6.1

Food-Related Concerns of Immigrants

Concern	Possible solutions
Difficulty obtaining familiar foods and spices in the United States.	Take a field trip to stores that carry familiar foods and spices to help attendees learn how to get them. List the bus route for clients' future trips to the store.
High cost of familiar foods, compared with cost in homeland.	Fill in chart at supermarket showing differences in cost and possible substitutions.
Complexities of shopping in American supermarkets.	Have class plan ahead for a field trip to the supermarket. Go by twos to practice. Set up a mock grocery store within your WIC clinic or educational center.
Limited knowledge of English words for identifying foods and spices, and inability to read labels.	Prepare a chart showing English words for a list of foreign foods and spices. Collect food labels and match them with labels brought in by immigrants. (Warning: Use very simple words and many pictures. Check with a local teacher of English as a Second Language [ESL].) Volunteer to teach a nutrition lesson at a local ESL program.
Lack of knowledge of how to use kitchen appliances such as refrigerators, garbage disposals, dishwashers, and ovens.	Demonstrate at sites (including appliance stores) where the real thing is available.
Lack of knowledge of proper ways to store perishable foods, including which foods should be stored in the refrigerator and which should not.	Prepare handouts using pictures to show each kind of food and the way to store it safely.

Setting the Stage

Situation: In the Harlem community, there was concern about the high prevalence of cardiovascular disease, hypertension, and obesity.

Strategy: To provide a comfortable and familiar setting for nutrition and health education for the entire family, enlist assistance from churches in the community.

Action: A health festival was planned, with the church setting the stage. For several weeks, the minister gave sermons leading up to the festival, which focused on mental and physical health, the family unit, and achievement.

Result: The church implemented several health-related measures: (1) Smoking was prohibited in the church; (2) meals served at the church were planned to be low in fat and sodium; and (3) walking clubs and exercise classes were started.

Identify additional resources

As you gain an understanding of the community and its needs, you can begin to decide what part you can play in meeting those needs. Programs such as WIC, the Expanded Food and Nutrition Education Program (EFNEP), Head Start, and the Commodity Supplemental Food Program (CSFP) can be important resources for providing nutrition education to families with young children. As appropriate, connect families with social service programs and other programs in the community. Make a list of agencies that provide services to your population, and use the list often.

Working Together: Paraprofessionals and Professionals from the Community

Nutrition professionals and paraprofessionals—including peer educators and community outreach workers—can work together to form a successful team. Each has unique knowledge or abilities to bring to the

partnership. Nutritionists have the technical knowledge, and peer educators have valuable hands-on knowledge. Because paraprofessionals are a part of the community, they are in the best position to share information with their peers in a culturally appropriate way. When potentially dangerous practices of community members are involved, paraprofessionals can be invaluable in getting the message across and finding realistic solutions. They can provide a link between professionals and the community, transmitting important ideas and explaining the values of community members.

Nutrition professionals can help paraprofessionals increase their knowledge and skills, and paraprofessionals can help nutrition professionals learn how to work more effectively with families in the community. Peer educators know people like themselves who are good cooks and are respected as wise members of the community. They may also be able to recruit community members to serve as resident experts on food, speak about food habits, or think of ways to incorporate traditional eating patterns as new people adjust to the community.

17

Recruit community members: As you go out into the community, be on the lookout for people who want to get involved, get ahead, have input, or make a difference in their community. Many times, active volunteers end up being the best paraprofessionals.

Taking the Message to the People

Nutrition educators around the country say that the best way to reach people with nutrition education is to take it to them where they are. Don't wait for people to come to you. New members of a community may feel uncomfortable coming into a health department or similar setting, so investigate places where people already gather for other reasons.

18 **Use local media:** Try contacting a local radio station to broadcast a nutrition message. This was well received by the Haitian community in New York City.

19 **Introduce new employees:** Advise new employees not to go into the community with the idea of making a lot of changes right away. Unless they were recruited from the community, they need to take their time, become acquainted with the people, and let the people become familiar with their presence and personality.

At Work in the Community

Situation: A nutritionist at a local health department tried to have nutrition classes for migrant farm workers at the health department, but nobody came. The health department tried extending its hours so that the clients could be seen after they came in from the fields, but that did not work either.

Strategy: Use a community-based approach. Let the client group determine the appropriate time and place for communicating food and nutrition information, and let them choose the content.

Action: Since the farm workers and their whole families gathered every Sunday afternoon in the city park to picnic, the nutritionist set up information booths in the town square and took the message to the people, who were already in an environment where food was the focal point.

Result: The nutritionist found that the people were relaxed and interested in talking about the foods they were eating, many of which were tied to their culture.

Pictures, foods, videotapes, and demonstrations
can help communicate nutrition information
when language is a barrier.

A Special Challenge—The Multilingual Environment

Do you speak the same language as your clients? If not, overcoming that language barrier may be a big challenge for both you and your clients. Here are some guidelines for working in a multilingual environment.

Addressing the Language Barrier

Even if you do not speak the language of your clients, there are some things you can do. Learn a few key phrases to use with the client before the interpreter arrives. Your interest and caring will be evident despite the language barrier. You do not have to master a language to be an effective communicator.

20 **Establish the language to be used:** Find out which language people prefer to use with you. Don't assume that they will prefer their native language if they also speak English.

21 **Introduce English words:** If English is your clients' second language, introduce basic words related to food and nutrition. Have them practice saying the new words. You can practice saying the words in their language at the same time. Ask your clients to teach you.

22 **Be alert to subtleties:** Consider subtle differences in usage of words, not just differences in language. For example, clients may use the terms "high blood" and "low blood" to refer to two unrelated conditions, hypertension and anemia.

Tips for Working with People Who Speak Another Language

Don't think that people who are struggling with English are stupid. Applaud them for trying to make things easier for you. They are trying to learn your language instead of asking you to learn theirs. Try learning a few words in their language.

Learn greetings, titles of respect, and attitudes toward touching.

Write numbers down for the person—for example, with recipe amounts. People easily confuse numbers spoken in a new language.

Ask questions in several different ways. People may use only the words they know in English to answer your questions.

Learn the proper pronunciation of names. For example, in Spanish, say "ah" instead of "uh," as in Maria.

Be friendly, accepting, and approachable. Everyone relates to a smile.

A Picture Is Worth a Thousand Words . . .

Many people learn first by listening and watching. Try to provide nutrition information without written words. It makes quite an impression! Try pictures, food models, videotapes (especially those in the person's native language), hands-on food demonstrations, flip charts, and games. Use several approaches.

Use recipes that can be memorized: We have found that many people cannot read a recipe or do the math needed to measure or adjust to their family size. We try to make the recipes easy enough to memorize. Demonstrating helps. Tasting is essential. Many people cannot afford to buy foods their families might not like or accept.

Consider needs of people who are hearing impaired: Try a visual or written approach when working with people who are hearing impaired, and try to use some signs, too. Don't judge their intelligence based on their ability to speak or read lips (consider words that are easily confused like 60 and 16). Teletype machines are essential for communicating by phone.

Interpreters and Translators

One question that may come to mind when you serve a person or group of people whose language you do not speak is whether you need an interpreter or a translator. And if you do, which one is right for your needs?

By definition, interpretation is the conversion of the spoken word into another language, and translation is the conversion of the written word into another language. Usually, you'll find someone who is either an interpreter or a translator, but not both. The skills needed to be a good interpreter are very different from those of a good translator. If you're dealing with written information, you will want a translator; if your need is to interpret spoken words, you'll want an interpreter. Consider your particular needs as you plan.

Working with an Interpreter: Guidelines to Follow

For you

Speak clearly in short, simple sentences.
Avoid technical terminology and professional jargon.
Look at and speak to the client rather than to the interpreter.
Maintain your role in the exchange.
Listen carefully to your client and watch for and respond to nonverbal cues.
Use comments and questions such as "Tell me about . . ." and "Did I understand correctly . . . ?" to elicit cultural information and avoid misinterpretation.
Remember that sessions with an interpreter take longer. Communication is the goal, so it's worth the extra time.

For the interpreter

Use the client's own words rather than paraphrasing so that the person for whom you are interpreting receives the richness of the client's context.
Avoid inserting or omitting information.
Have the client repeat the instructions or general content of the discussion to check understanding.

Choosing an interpreter

Remember that just as there are cultural differences between people with the same skin color, there are differences in dialects among people who speak the same language. Just because a person speaks Spanish, for example, doesn't mean he or she will be sensitive to subtle speech differences among Hispanic cultures.

Seek help from others: Try to enlist the help of a bilingual and biculturally trained individual. This person has experience speaking the language and understands its subtle meanings—thus providing culturally appropriate education.

Using Food to Teach English

Situation: Because California is home to many recent immigrants who do not speak English and who do not read or write in their primary language, the WIC nutrition educators were not able to communicate effectively with them. The number of languages spoken by bilingual WIC staff members was limited, and it was discovered that WIC participants were often not excited about the WIC classes on nutrition and health. The greatest perceived need among non-English-speaking WIC participants was learning English.

Strategy: To meet this need, the San Bernardino County WIC Program established a nutrition and English as a Second Language (ESL) program. Health and nutrition were the subject content, and ESL was the vehicle for content delivery. Nutrition education was provided in the same way as low-literacy adult education ESL, where recent immigrants are taught survival skills such as going to the doctor and applying for a job. In the WIC/ESL pilot project, the theme of the curriculum was making good choices at the grocery store.

Action: The pilot WIC/ESL classes were designed to accommodate a variety of students who spoke different languages and whose levels of English comprehension were not the same. Only English was spoken in these 25-

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Using Food to Teach English continued

minute classes. No translation was used. Cooperative learning was encouraged so that those who had a better understanding of English could help those who had less.

The curriculum incorporated some of the most recent advances in ESL teaching:

- **Environment**—WIC/ESL classes are dynamic, visual, participatory, and fun. Learning is enhanced by the stimulation of the five senses.
- **Realia**—Visual aids such as food models, photographs, and illustrations are used to define English/nutrition words and concepts.
- **Total physical response (TPR)**—This is the students' physical response to commands given by the teacher, such as "stand up," "sit down," and "stretch." (In this setting, TPR was extended to include the use of body language to help define words and concepts such as "sick" and "healthy."
- **Comprehensible input**—Language is acquired through listening in this method. Students are not expected or pressured to speak until they are ready.

Result: The WIC participants received the nutrition education positively because their perceived need to learn English was met. The curriculum was designed so that learning was active and fun. Additionally, all participants were referred to low-cost community ESL classes in their neighborhood so that they could continue to learn English.

For more information about this program, contact Jeanne Silberstein, M.P.H., R.D., or Darlene Mizumoto, M.P.H., R.D., at the San Bernardino County Department of Public Health, Nutrition Program, 351 Mountain

Other alternatives

Asking a bilingual employee for assistance may be the next best choice. But be aware that, because of other duties, he may not be able to work closely with individual families. Also, he may not be familiar with cultural subtleties. If possible, do not ask clients' family members or friends to be interpreters. This prevents problems such as breach of confidentiality and inappropriate paraphrasing. In addition, be sensitive to the fact that by asking a child to interpret, you may trigger difficulties because of apparent reversal of authority in the household.

All things considered, a trained interpreter may be your best bet—and well worth the fee.

Snack tasting can be an important way for children to learn about new foods.

Putting It into Practice

In the previous chapters, we looked at the ways in which eating patterns might change through acculturation, and at the factors that influence food choices. This chapter provides practical advice for finding out what your clients are eating, sharing important nutrition messages in ways that will be well received by your clients, and using resources available in the community. You will learn ways to help clients with food in a new setting.

Finding Out What Your Clients Are Eating

To provide successful nutrition education, it is important to find out what your clients are and are not eating. For example, is your pregnant client practicing pica? If your client is a vegetarian, you might need to discuss acceptable sources of protein. If she is lactose intolerant and does not drink milk, you could talk about other sources of calcium.

Here are some useful questions for finding out about changes in eating patterns.

Food Choices: What Are Your Clients Eating?

Guidelines for Discussion

Traditional foods

What traditional foods did you eat daily? Weekly?
Do you still eat those foods? How often?
If you do not, why not?
Are there any similar foods in this community?
What do you substitute for those foods?

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Favorite foods

What was your favorite cultural or traditional food?
Do you still eat that food?
If yes, is it still a favorite food?
If you do not still eat that food, why not?
Is there any food similar to that food here in this community?
What do you substitute for that food?

New foods

What new foods have you tried since coming to this community?
Which of these do you like best?
Do you eat them regularly?
Do you eat these foods in place of other foods? Which one(s)?
Which foods do you dislike, and why?

Food acquisition

Where do you get most of your family's food? (Examples: neighborhood supermarket, ethnic food market, convenience store, bodega, street food carts, open market in your neighborhood, commodity supplemental food warehouse.)
How do you get to the market? Who goes with you? Do they speak English?

Questions like these will give you an idea of changes that have already occurred in your client's diet or are likely to take place soon. If the changes are appropriate, encourage them. But remember, *change is not always desirable.*

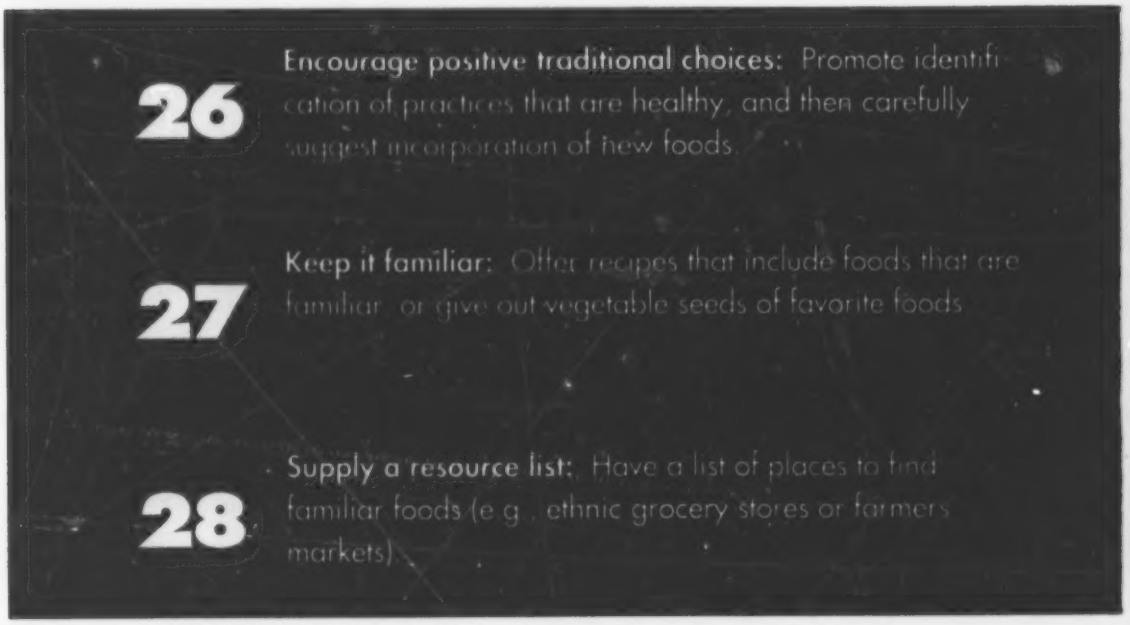
Sharing Nutrition Messages

Traditions: Encourage healthy ones

Many traditional foods are excellent choices. When this is the case, compliment your client on the use of healthy traditional foods or methods of preparation.

PN: *I use their experiences. For example, the Hispanics [I work with] . . . eat a lot of beans and rice, which is good. But what I tell them is that perhaps their ancestors, the Mayan Indians or the Aztecs, they knew more about food than even what we know today.*

Take a look at the Dietary Guidelines for Americans or the Food Guide Pyramid and notice how closely many traditional eating patterns fit the guidelines. Traditional staple foods are usually at the base of the pyramid in the bread, cereal, rice, and pasta group. Protective foods are found mainly in the vegetable and protein categories. Status foods, which are often high in fat and sugar, are usually eaten less often. Encourage families to continue positive traditions, but caution them about switching to high-fat, high-sugar American foods.


26
Encourage positive traditional choices: Promote identification of practices that are healthy, and then carefully suggest incorporation of new foods.
27
Keep it familiar: Offer recipes that include foods that are familiar, or give out vegetable seeds of favorite foods.
28
Supply a resource list: Have a list of places to find familiar foods (e.g., ethnic grocery stores or farmers markets).

Be alert for unhealthy traditions

Some food practices may need to be modified. For example, some Mexicans use large amounts of lard in cooking. Once in the United States, the intake of lard often decreases, but it may be replaced by vegetable oil, mayonnaise, and salad dressing, resulting in foods that are still high in fat. American Indians and Alaska Natives, who may be accustomed to eating raw meat when they hunt, should be warned not to do this when they buy meat from the store. You should help your

clients make modifications that don't interfere with important traditions. Try to share the idea that maintaining traditional food customs and good nutrition are both very important.

DS: *I try to tie them into that idea about everyday foods and occasional foods. Once a year we pull out the German potato salad and the bratwurst. And it is not something that is terribly nutritious. But we have it. [I tell my kids] 'Let's keep that in the family, because that is important to our family. But let's not have that every day.'*

You may need to suggest ways to reduce the fat and calorie content of the commodity supplemental foods distributed on American Indian or Alaska Native reservations. Encourage people to scoop visible fat from the meat after opening the can and rinse the meat before cooking. If excess calories are a problem, encourage people to drain the syrup from canned fruits (it contains added calories but no additional vitamins). Because many canned vegetables are high in sodium, suggest that people not add salt during cooking or at the table.

STRATEGY IN ACTION

Cooking Traditional Foods in New Ways

Situation: A nutritionist was pleased that many of her African American clients ate greens, a good source of vitamins, minerals, and fiber, but she was concerned about the high-fat cooking method.

Strategy: The nutritionist decided to help her clients make a simple change in their usual cooking method.

Action: She taught them to cook collard greens in the following way: Instead of cooking the greens with neckbone or fatback, cook the meat the night before and let it stay in the pot in the refrigerator overnight. The next day, take the pot out and skim the fat off the top. Then heat the remaining liquid, add the greens, and cook until tender.

Result: The clients learned a new way to cook an old favorite and were able to lower their fat intake at the same time. The nutritionist helped them build on a positive cultural habit.

Using yin and yang in nutrition education

If you are talking with a family who follows the yin/yang theory, ask questions. Classification of a food as yin or yang may change depending on the time of year, the seasonings that are used, or whether the person eating the food is male or female. Classifications can change from region to region and even from family to family within a region. Whenever possible, work within the family's belief system to provide nutrition education. Always show respect for traditional practices. However, if you discover that a specific practice is potentially harmful or that some of the traditions are nutritionally questionable, you will need to explore ways to help the family make needed dietary changes.

Don't forget "American" foods

While encouraging positive cultural food habits, you should also be teaching clients about "American" foods. People want and need to learn about American foods for many reasons. This is especially helpful for those who need to find substitutes for foods that aren't available. Parents should know what their children are eating at school and with their friends, to help them develop healthy eating habits. Learning about new foods is an important way for a newcomer to better understand the new community.

29 **Create hands-on experiences.** At Head Start, hands-on experiences seem to work best—giving parents the opportunity to touch and compare foods, prepare and taste new foods.

Promote nutrient-rich foods

Nutritional needs are met using a variety of foods. We asked nutrition educators for the names of vegetables eaten by the people they serve. The resulting list (see figure 8.1, page 66–67) contains over 120 vegetables that are good sources of nutrients (e.g., iron, vitamin A, vitamin C, and/or folate). Become familiar with good nutrient sources among the foods eaten by your clients.

Food Selection, Preparation, and Storage

When investigating nutrient sources, be sure to find out if cooking methods can strongly affect their nutrient content. Examples of such methods include cooking bones in an acidic liquid, which contributes considerable calcium to a soup; using organ meats to add extra vitamins and minerals; and using undiluted evaporated milk in coffee, cooked cereal, and fruit juices, which contributes calcium, riboflavin, vitamin D, and other nutrients. .

Consider special restrictions

To learn about food use in the lives of clients settling in a new community, consider asking some questions in the box below.

Understanding the Context of Food: Useful Questions

Amount and quality of food

How do you describe the quality of the food you buy?
Do you have enough food to feed your family each day?
How do you divide up the food among family members if you are running short?
Are you able to get the types of foods and beverages needed by everyone in your family?

Food preparation

Do you have enough time to prepare the kinds of foods your family enjoys?
Do you have the equipment you need for cooking and preparing the kinds of foods your family likes to eat?
Do you have enough space for food preparation?

Family interaction around food

Do the children in your family like the foods enjoyed by the adults?
Have school-age children adapted to school meals?
Do you have recipes of foods that your family enjoys?
If so, do you exchange recipes with family and friends?

BEST COPY AVAILABLE

By gathering this information, you will be better equipped to guide family members appropriately as they make dietary changes—whether from desire or necessity—as a part of the acculturation process.

Some clients may rely on commodity food distribution programs, donations from a food bank, or WIC vouchers for much of their food. In these instances, they often have no choice but to change some foods and methods of preparation. Work with these clients to offer tips on preparing unfamiliar foods, information about low-cost sources of nutrients, and the opportunity to taste-test.

31 **Helping with WIC:** One of the most effective strategies used was bringing a couple of refugee wives to the super market to use WIC vouchers.

32 **Introducing new foods:** Food demonstrations have proven most effective at the clinic where I work, whatever the topic. Introduce "new" vegetables or fruits. Having the new food on hand as opposed to a picture gives the participants a truer sense of what I am describing. Sometimes when a dish is prepared using the new food, clients get to taste it and take home a recipe also.

Use creative ways to expand awareness

Here are some additional ideas shared by nutrition educators for making clients aware of new foods or new methods of preparing foods.

33 **Develop a multicultural cookbook:** Dietitians in one community developed a multicultural cookbook. They experimented with different foods and substitutions, adapted recipes, and held taste tests in the community. The favorites were included in the cookbook. Make sure you know what the traditional food tastes like before you make changes, and create substitutions that make it healthier without changing cultural traditions.

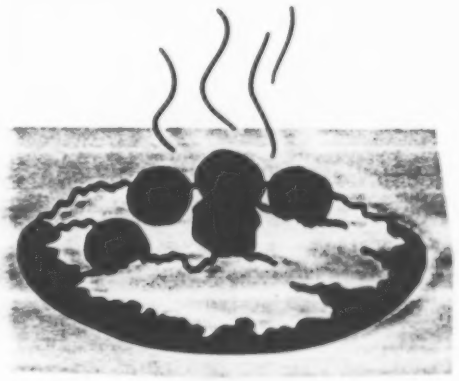
34 **Explore a single food:** The strategy of involving clients in activities has always proven the most successful for me. For example, . . . the main focus was a festive look at corn (maize). We invited clients from the audience to share with us how corn is used in their home. We made cornbread for all to taste—and gave a recipe as a handout. On display were many products made with corn. (Another educator mentioned a similar activity with meatballs or rice.)

35 **Hold food preparation workshops:** One of our nutritionists taught how to make bread and chicken soup at a health fair. Everybody got to try the techniques and all went home with a loaf of bread.

36 **Budget for food:** If you do a lot of food demonstrations, remember to think about how you are going to pay for the food. Consider including a line item in your budget or contacting retail stores to discuss contributions.

Teach about food shopping and storage

With new food buying practices and forms of food, people may need to learn about the storage of perishable foods. People of many cultures value freshness and shop for groceries daily, especially in developing nations where they do not have refrigerators. When they move to the United States, daily shopping isn't always possible because of constraints like lack of time and lack of transportation. Foods that are bought in quantity to save money or to meet food program purchasing requirements must be stored adequately. Frozen foods may be a good buy, but only if properly stored and cooked. By understanding the special limitations your clients face, you can help them learn to buy, store, and serve nutritious meals in spite of these limitations.



37 **Visit a grocery store:** The most effective strategy used was a grocery store tour with individual families. We purchased $75 worth of food—as we went through each food section we purchased food and discussed choices (for example, fresh versus canned), ways of preparing food, storage issues, etc.

38 **Visit each aisle:** Orient the client to sections of the supermarket, one aisle at a time. Familiarize them with what they should look for and expect to find. Suggest one or two best selections for each section.

39 **Bring the food home:** After touring the grocery store, return home with the family and help them store the food properly in the refrigerator, on the shelf, etc. Answer any questions and talk about practical ideas that work in the actual household setting. Although this is a time-intensive project, the results are tremendous.

Teaching Food Safety and Sanitation

Situation: A Head Start nutritionist identified the need to teach parents the importance of sanitation and food safety.

Strategy: She decided to model safe food practices at a parent meeting set up for another purpose.

Action: She asked the parents to bring in food representing their culture. As they brought the food in, the nutritionist talked about not letting hot foods cool before serving them and the importance of keeping cold foods cold so that germs would not grow. Cold food was set in a large container of crushed ice to keep it cold. Hot food was kept above 140° F by heating it in the oven or on the range until right before serving. The nutritionist showed parents how to make sure their children's hands were clean before they sat down to eat.

Result: The danger of food-borne illness was minimized, and the families learned the importance of food safety and sanitation.

Figure 8.1

Vegetable Chart

Nutritional needs are met through a variety of foods. This chart shows some of the many vegetables eaten by people of different cultures. It was developed by asking nutrition educators for the names of vegetables indigenous to the populations with which they work. We found that more than 120 different kinds of vegetables are eaten in the United States, many closely linked to ethnic background. In some cases, only certain varieties or certain parts of the plant are safe to eat, or special preparation methods are needed.

Arame
Artichokes
Asparagus
Avocados
Bamboo shoots
Banana heart
Baobab leaves
Batatas
Bean sprouts
Beets
Beet greens
Bell peppers
Bitter leaf
Bittermelon
Black-eyed peas
Bok choy
Bora
Bread nut
Breadfruit
Broccoli
Brussels sprouts
Burdock root
Cabbage
Callaloo
Carrots
Cassava
Cauliflower
Celery
Celery root
Chayote
Chilies
Chinese broccoli
Chinese cabbage
Chinese celery
Cilantro
Collard greens
Corilla
Corn
Crowder peas
Cucumbers
Daikon
Dandelion greens
Dasheen
Eddoe
Eggplant
Egusi
Endive
Escarole
Ewedu
Fennel
Fiddlehead ferns
Fireweed
Garlic
Garbanzo beans
Goa beans
Gourds (kampyo, upo)
Green bananas
Green beans
Green chili
Green onions
Green peppers
Green tomatoes
Harissa
Heart of palm
Horseradish leaves
Horseradish stalks
Iru
Jerusalem artichokes
Jicama
Jinga
Kidney beans

Kale
Kohlrabi
Labas root
Lahano
Lansur
Leeks
Lemongrass
Lettuce
Lima beans
Locust beans
Long beans
Malanga
Manioc
Milkweed
Mushrooms
Mustard greens
Napa cabbage
Netetou
Nettle plant
Nopales (prickly pear cactus leaves)
Okra
Onions
Palm nut
Parsley
Parsnips
Patechoi
Peas
Pea pods
Peppers
Pig weed
Plantain
Potatoes
Prickly pole
Pumpkin
Purple hulls
Radishes
Red chili
Rhubarb
Rutabagas
Salsify
Scallions
Snap beans
Snow peas
Sorrel
Spinach
Sprouts
Squash (acorn, butternut, hubbard, spaghetti, yellow, zucchini)
Swamp cabbage
Sweet potatoes
Sweet potato leaves
Swiss chard
Tabil
Takawan
Tannia
Taro
Tomatillos
Tomatoes
Tsamia
Turnip greens
Turnips
Verdolaga
Water chestnuts
Watercress
Wax beans
White radishes
White turnips
Wild asparagus
Wild celery
Wild mushrooms
Wild onions
Wild spinach
Wild turnips
Wild watercress
Willow leaves
Winter melon
Won bok
Yams
Yam bacara
Yautia
Yellow beans
Yucca (cassava)

In Closing . . .

We hope that the information, ideas, and strategies provided within this guide will be of value as you continue to work within your community. To meet the challenge of providing nutrition education to a changing population, it is important to learn to respect and appreciate the variety of cultural traditions related to food. It's important to let go of preconceived notions about what other people eat—formed by what we think a group is like. It's rewarding to discover the wide variation in food practices within and among groups. Take advantage of opportunities by sharing food experiences, asking questions, observing the food choices people make, and working within the community. We think you'll find that this exciting challenge makes you both a strong communicator and an effective partner in today's multicultural environment. Let's celebrate diversity!

Resource List

Titles in red were used in the preparation of this publication.

New materials on this subject are continually being developed. For a current annotated bibliography that includes ordering information, send a written request to:

Editor, Celebrating Diversity
National Center for Education in Maternal and Child Health
2000 15th Street North, Suite 701, Arlington, VA 22201-2617
(703) 524-9335 fax

Strategies for Working with Culturally Diverse Clients

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Holmes, L., Bernstein, P., Rodrigues-Trias, H., and Ruzek, S. B. (1989). ***Enhancing cultural awareness and communication skills: A training program for health care providers and educators.*** Memphis, TN: Memphis State University, Center for Research on Women. 1 manual (50 pp.), 1 videotape.

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81

Hull, M. A., and Runyan, D. H. (1990). ***The migrant farmworker nutrition manual.*** Washington, DC: Child Development Center, Georgetown University. Approximately 300 pp.

Jerome, N. W. (1982, June). *Dietary patterning and change: A continuous process. Contemporary Nutrition* 7(6):1–2.

Kittler, P. G., and Sucher, K. (1989). ***Food and culture in America: A nutrition handbook.*** Florence, KY: Van Nostrand Reinhold. 384 pp.

New Jersey State Department of Health, WIC Program. (1990). ***Eat well with little cooking.*** 1 pamphlet (4 pp.), 1 lesson plan (14 pp.). ***Food safety storage.*** 5 pamphlets (4 pp.), 1 lesson plan (10 pp.). ***Nutritious recipes that children will like.*** 1 pamphlet (4 pp.), 1 lesson plan (7 pp.). Trenton, NJ: New Jersey State Department of Health, WIC Program.

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Resources for Specific Populations

National Coalition of Hispanic Health and Human Services Organizations. (1990). ***Delivering preventive health care to Hispanics: A manual for providers.*** Washington, DC: National Coalition of Hispanic Health and Human Services Organizations (COSSMHO). 137 pp.

U.S. Department of Agriculture, Food and Nutrition Service. (1980). ***Southeast Asian American nutrition education materials.*** Washington, DC: U.S. Department of Agriculture, Food and Nutrition Service. 1 kit.

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